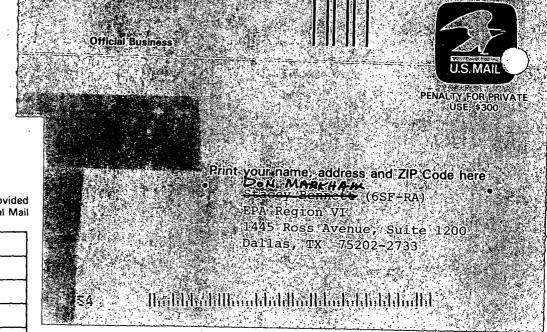
SENDER:	
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so t refurn this card to you.  ttach this form to the front of the mailpiece, or on the back not permit. Write "Return Receipt Requested" on the mailpiece-below the are to and the date of delivery.	if space 1. Addressee's Address
3. Article Addressed to:	Consult postmaster for fee.
Phil Elias P.O. Box 659 Bristow, OK 74010	4a. Article Number P 055 800 915  4b. Service Type Registered Insured COD Express Mail Return Receipt for Merchandise
<u> </u>	
5. Signature (Addressee)  6. Signature (Agent)	Addressee's Address (Only if requested and fee is paid)
PS Form <b>3811</b> , November 1990 ± U.S. GPO: 1991–287-0	DOMESTIC RETURN RECEIPT
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